



Job Hazard Identification Form (Contractors)

Surname		Forename(s)	
Job Title		Work Area	
Company Name		Line Manager	
Site Contact		Contact No	

Please give a brief description of the duties involved in this persons job

In order for the occupational health department to be able to make a assessment of this persons medical fitness for work placement on AWE sites please tick all potential hazards that apply to this persons job

	YES	NO	Add any relevant information here
Manual Handling			
Does the job require hazardous manual handling operations?			
Work Environment			
Noise (over 80dB)			
Working at height			
Outdoor work			
Extremes of heat or cold			
Cement dust			
Confined spaces			
Work Equipment			
Vibrating tools			
Chemical Hazards			
Chemical Cleaners			
Silica			
Cement			
Mortar			
Solvents			
Isocyanates			
Personal Protective Equipment For			Describe PPE i.e. gloves, helmet, etc
Head			
Face			
Feet			
Hands			
Body			
Biological Hazards			
Food Preparation			
Moulds / Fungi			
Water / sewage			
Plant Operator / Driving			
Crane			
Fork Lift Truck			
Dumper Truck			
Loading shovel			
Heavy Goods Vehicle			
Other Vehicles (please list in column opposite)			
Classified Workers likely to be working with			
Ionising radiation			
Asbestos			
Lead			
Lasers			